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# New Account Set-Up Form

Date:

Account #:

First Order  
 Sales Amount: \$

## 1. Company Information:

Primary Contact:   
 Email:   
 Phone:   
 Dept:   
 Industry:

## 2. Billing Information:

Name:   
 Title:   
 Company:   
 Address 1:   
 Address 2:   
 City/State/Zip:   
 Phone/Fax:   
 A/P Contact:   
 A/P Phone:   
 A/P Email:   
 Email Invoice to:

## 3. Shipping Information:

Attention:   
 Company:   
 Address 1:   
 Address 2:   
 Address 3:   
 City/State/Zip:   
 Phone/Fax:

*Tax Exempt? Please include a copy of your tax exempt certificate or resellers certificate.*

## 4. Electronic Ship Information:

**Internet** (Check here if you want to download your barcode from www.symbology.com)  
 Client Services will assign a **User ID** and **Password**  
 **Email**

## 5. Method of Payment:

We accept Visa, MasterCard, Discover and American Express

Card Type:  Credit Card #:  Exp. Date:  Sec. Code:   
 Cardholder Name:  Cardholder Address & Zip Code:   
 Email/Fax for Receipt:

**6. How did you hear about us (internet, publication, \*referral, other):**

\*If referral, please indicate who referred you: